

216018031  
96379

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

3	Total Number of Vehicles	Local No./ District	Agency Case No. b6-038309	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1							
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/04/2016		TIME OF ACCIDENT 0800	STATE USE ONLY								
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0801	05/04/2016								
B	60	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. 33rd		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE								
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE							
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION									
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING							
		20.00		X		O.st							
V1/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN							
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO							
VEHICLE NO. 1													
F	1	DRIVER LICENSE NO.	H12588451	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE							
V1/N	1	DRIVER	MARY A MUMGAARD	PHONE	402-416-6577	LOCAL NO.							
V2/N	1	DRIVER ADDRESS	1400 N 37TH ST, LINCOLN, NE 68503	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	07/21/1962							
G	2	OWNER	CURTIS OLSON	PHONE		LOCAL NO.							
H	5	OWNER ADDRESS	1400 N 37TH ST, LINCOLN, NE 68503	CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.							
V1/O	1	LICENSE PLATE PA NO.	TJT281	YEAR (Plate Expires)	2016	STATE (Of Plate) NE							
V2/O	2	VEHICLE	2000	MAKE	Subaru	MODEL	UBK	BODY STYLE	4 door Sedan	COLOR	white	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$
V1/O	1	VEHICLE ID NO. (VIN)	4S3BE6863Y7209063	INSURANCE COMPANY	farmers mutual								
V2/O	2	TOWED TO		TOWED BY		POLICY NO.	au362688						
VEHICLE NO. 2													
I	1	DRIVER LICENSE NO.	H13247601	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE							
V1/P	1	DRIVER	JOSE L VALDOVINOS	PHONE	402-418-2779	LOCAL NO.							
V2/P	1	DRIVER ADDRESS	2145 LINDEN AVE, CRETE, NE 68333	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	02/27/1995							
J	01	OWNER	JOSE G VALDOVINOS	PHONE		LOCAL NO.							
V1/Q	4	OWNER ADDRESS	2145 LINDEN AVE, CRETE, NE 68333	CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.							
V2/Q	4	LICENSE PLATE PA NO.	22P285	YEAR (Plate Expires)	2017	STATE (Of Plate) NE							
V2/Q	4	VEHICLE	2012	MAKE	Hyundai	MODEL	ALE	BODY STYLE	4 door Sedan	COLOR	gray	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 4000
V2/Q	4	VEHICLE ID NO. (VIN)	KMHCU4AE1CU227936	INSURANCE COMPANY	state farm								
K	01	TOWED TO		TOWED BY		POLICY NO.	0755623c0727a						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)													
VEH. #	2	NAME	JOSE L VALDOVINOS	DATE OF BIRTH (MM / DD / YYYY)	02/27/1995	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F							
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.								
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.								
		LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.								

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

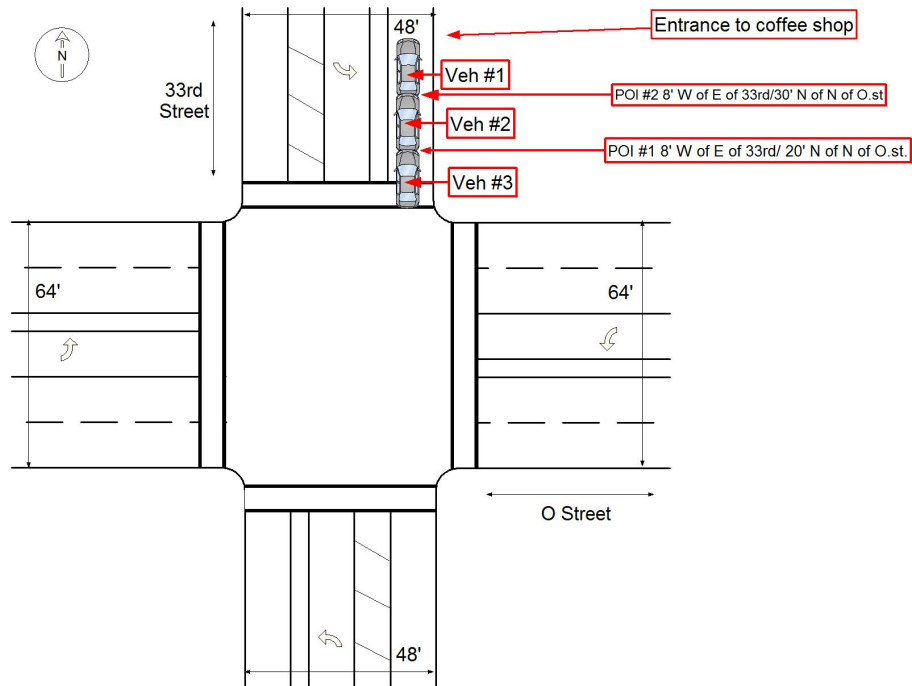
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**b6-038309**



Indicate  
North  
by Arrow

*Not To Scale*



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

All three vehicles were NB on 33rd crossing O.st when a unknown vehicle in front of Veh #1 slowed to pull into the west driveway of the coffee shop. This caused Veh #1 and Veh #2 to slow or stop. Veh #3 could not stop in time and struck Veh #2 who in return was propelled into Veh #1.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1	X				33										
2	X				33rd										
1	11	06 Turning left				VEHICLE 1		VEHICLE 2		1		2		3	
2	11	08 Entering traffic lane				POINT OF IMPACT		POINT OF IMPACT		2		3		4	
						MOST DAMAGED AREA		MOST DAMAGED AREA		4		2		3	
						05		01		4		2		3	
						00 None		02 03 04		1 None used - vehicle occupant		2 Lap & shoulder belt used		3 Shoulder belt only used	
						09 Top & windows		01 05		2 Lap & shoulder belt used		4 Lap belt only used		4 Lap belt only used	
						10 Undercarriage		08 07 06		3 Deployed - both front/side		5 Child safety seat used		6 Child booster seat used	
						11 Total (all areas)				4 Not deployed		7 DOT approved helmet used		8 Costume helmet used	
						12 Other				5 Not applicable/ No airbag available		9 Restraint use unknown		9 Restraint use unknown	
										6 Unknown					
										VEHICLE 2		VEHICLE 2			
										4		2			

OFFICER NO. <b>1347</b>	TROOP/ TEAM/ BEAT <b>4</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Timothy Cronin</b>		INVESTIGATOR SIGNATURE <b>Approved by Tim Cronin</b>	
DATE OF REPORT <b>05/04/2016</b>			

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report Sheet 3 of 4

Local No./  
District

Agency  
Case  
No. b6-038309

STATE USE ONLY

Vehicle  
Codes  
from  
Overlay  
#2

DATE OF ACCIDENT (MM / DD / YYYY)

05/04/2016

PLACE  
OF  
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence  
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. 33rd

VEH. #

VEHICLE NO. 3

VEH. #

3

DRIVER  
LICENSE

NO.

G02070324

STATE  
(Of License)

NE

SEX

☒ FEMALE  
☐ MALE

3

M  
08

DRIVER  
SHEILA A MEGRUE

PHONE  
402-560-5913

LOCAL NO.

1.  
18

N  
1

DRIVER ADDRESS  
3230 POTTER ST, LINCOLN, NE 68503

DATE OF  
BIRTH  
(MM / DD / YYYY)

01/14/1967

2.

O  
2

OWNER  
SHEILA MEGRUE

PHONE

LOCAL NO.

3.

P  
1

LICENSE  
PLATE PA

NO.

TMD238

YEAR  
(Plate Expires)

2016

STATE  
(Of Plate)

NE

4.

Q  
4

VEHICLE

YEAR

1995

MAKE

Ford

MODEL

TAX

BODY STYLE

4 door Sedan

COLOR

tan

ESTIMATED DAMAGE

☐ TOTALED \$ 1000

5.

VEHICLE ID  
NO. (VIN)

1FALP5349SG175304

INSURANCE COMPANY

progressive

6.

TOWED TO

TOWED BY

POLICY NO.

902280915

35

VEH. #

VEHICLE NO. 4

VEH. #

4

DRIVER  
LICENSE

NO.

STATE  
(Of License)

SEX

☐ FEMALE  
☐ MALE

4

M

DRIVER

PHONE

LOCAL NO.

1.

N

DRIVER ADDRESS

DATE OF  
BIRTH  
(MM / DD / YYYY)

2.

O

OWNER

PHONE

LOCAL NO.

3.

P

OWNER ADDRESS

CITATION

☐ PENDING ☐ YES ☐ NO

CITATION NO.

4.

Q

LICENSE  
PLATE

NO.

YEAR  
(Plate Expires)

STATE  
(Of Plate)

5.

VEHICLE

YEAR

MAKE

MODEL

BODY STYLE

COLOR

ESTIMATED DAMAGE

☐ TOTALED \$

6.

VEHICLE ID  
NO. (VIN)

INSURANCE COMPANY

POLICY NO.

TOWED TO

TOWED BY

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED				RESTRAINT USE				TOTAL OCCUPANTS																																															
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)				VEHICLE 3				VEHICLE 4				VEH 3				VEH 4																																							
3	X				33rd								5				2				3				1																																							
4									VEHICLE 3				VEHICLE 4																																																			
3									POINT OF IMPACT				POINT OF IMPACT																																																			
4									MOST DAMAGED AREA				MOST DAMAGED AREA																																																			
3					01				01				02				03				04																																											
4																																																																
01 Essentially straight ahead					02 Backing					03 Changing lanes					04 Overtaking/ Passing					05 Turning right					06 Turning left					07 Making U-turn					08 Entering traffic lane					09 Leaving traffic lane					10 Parked					11 Slowing or stopped in traffic					12 Other					13 Unknown				
01					02					03					04					05					06					07					08					09					10					11					12					13				

Complete this section for all injured persons						DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position		2 Eject		3 Body Region		4 Injury Sev.		5 Trans.		SEX M F		
VEH. #	NAME					ADDRESS														
	LOCAL NO.					MEDICAL FACILITY NAME					EMS SERVICE NAME					EMS RUN REPORT NO.				
VEH. #	NAME					ADDRESS														
	LOCAL NO.					MEDICAL FACILITY NAME					EMS SERVICE NAME					EMS RUN REPORT NO.				
VEH. #	NAME					ADDRESS														
	LOCAL NO.					MEDICAL FACILITY NAME					EMS SERVICE NAME					EMS RUN REPORT NO.				

# ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate  
North  
by Arrow

AGENCY CASE NO.

b6-038309

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
WITNESSES	NAME	ADDRESS			PHONE
OFFICER NO. 1347		TROOP/ TEAM/ BEAT 4		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) Timothy Cronin			INVESTIGATOR SIGNATURE Approved by Tim Cronin		DATE OF REPORT 05/04/2016